



DISTRICT COURT OF MARYLAND
PROBATION/SUPERVISION DOCKET

☐ Probation before Judgment (Criminal Procedure §6-220)

IT IS ORDERED THAT DEFENDANT:

☒ Be Supervised by Parole and Probation.

☐ Be Supervised by:

Other Agency _____

☐ Be Unsupervised.

Probation begins ☐ on _____ Date ☐ upon admission to

residential substance abuse program. Your first appointment with the
supervising agency is _____ Date _____ and the place to report
to is _____

Your failure to report could result in your arrest.

A. Standard Conditions (1-10): ☐ All Standard Conditions

☐ All Standard Conditions except Nos. _____

1. Report as directed and follow your supervising agent's lawful instructions.

2. Work and/or attend school regularly as directed and provide verification
to your supervising agent.

3. Get permission from your supervising agent before changing your home
address, changing your job, and/or leaving the State of Maryland.

Additional Comments: _____

4. Obey all laws.

5. Notify your supervising agent at once if charged with a criminal offense, including jailable traffic offenses.

Additional Comments: _____

6. Get permission from the court before owning, possessing, using, or having under your control any dangerous weapon or firearm
of any description. Additional Comments: _____

7. Permit your supervising agent to visit your home.

8. Do not illegally possess, use, or sell any narcotic drug, controlled substance, counterfeit substance, or related paraphernalia.

Additional Comments: _____

9. Appear in court when notified to do so.

10. Pay all fines, costs, restitution, and fees as ordered by the court or as directed by your supervising agent through a payment schedule.

☐ Fine(s) of \$ _____ paid through ☐ Parole and Probation ☐ Clerk's Office ☐ Sheriff's Office

☐ Court costs of \$ _____ paid through ☐ Parole and Probation ☐ Clerk's Office

☐ Supervision fee of \$50/month paid through ☐ Parole and Probation ☒ Supervision fee waived

☐ Restitution of \$ _____ to _____ paid through _____

☐ Parole and Probation ☐ State's Attorney's Office by _____ Date _____

☐ Public Defender fees of \$ _____ to the Office of the Public Defender for counsel fees.

☐ Pay the following fees through Parole and Probation or _____:

☐ Victims of Crime Fund \$ _____ ☐ CICF costs \$ _____ ☐ Other costs (Specify) \$ _____

☐ The Division of Parole and Probation is hereby granted the discretion to refer the collection of funds it is authorized to collect
to the State's Central Collection Unit without the need of further court approval.

B. Special Conditions (11-35):

11. ☐ Provide DNA sample as required by law by _____ Date _____

12. ☐ Submit to evaluation and attend and successfully complete mental health treatment as directed by your supervising agent.

13. ☐ Submit to, successfully complete, and pay required costs for evaluation, testing and treatment education, as directed by your
supervising agent.

14. ☐ Attend and successfully complete ☐ alcohol ☐ drug ☐ alcohol and drug treatment ☐ education program _____

Name of Program _____

15. ☐ Enroll in, pay any required costs for, and successfully complete treatment at _____

16. ☐ Attend and successfully complete parenting class.

17. ☐ Attend _____ self-help group meetings per week for _____ weeks. ☐ Attendance may be modified by your supervising agent
after _____ weeks.

18. ☐ Totally abstain from alcohol, illegal substances, and abusive use of any prescription drug.

19. ☐ Apply for alcohol restriction on driver's license within 10 days of trial date for _____ year(s)/month(s).

20. ☐ Refrain from driving and/or attempting to drive after consuming alcohol.

21. ☐ Attend Victim Impact Panel meetings when notified.

22. ☐ Attend and successfully complete MVA Driver Improvement Program.

23. ☐ Attend and successfully complete MVA Alcohol Education Program. (Social Drinkers Only)

24. ☐ Have Ignition Interlock installed for _____ months and pay costs. ☐ Employment vehicle exempted.

Case/Citation No. _____

Defendant _____

SID No. _____

Tracking No. _____

Other Reference No. _____

Address _____

(IF AVAILABLE, PLACE LABEL HERE)

Convicted Count(s): _____

Sentence: _____

Part of Sentence Executed: _____

Suspended: _____

☐ Balance of sentence suspended upon admission to
treatment pursuant to HG §8-507

Credit for Time Served: _____

Length of Probation: 2 years Month Year(s)

☐ Participate and pay for psychological counseling

Case No. _____

25. ☐ Complete _____ hours of community service by _____ Date _____ under the direction of _____ and pay required fees.
26. ☐ Attend and successfully complete domestic violence counseling at _____ by _____ Date _____ and pay required costs.
27. ☒ Have no contact with intentional MD Capital Police
28. ☐ Do not enter or be found near _____
29. ☐ Home confinement/detention to _____ for _____ months.
☐ Special conditions (e.g. doctor's appointments, attending classes, etc.) _____

30. ☐ Register as sexual offender with the supervising authority under the provisions of Criminal Procedure Article, Title 11, Subtitle 7:
- ☐ (1) A Tier I Sex Offender;
 - ☐ (2) A Tier II Sex Offender;
 - ☐ (3) A Tier III Sex Offender;
 - ☐ (4) A sexually violent predator;
 - ☐ (5) A Tier I Sex Offender who, before moving into this State, was required to register in another State;
 - ☐ (6) A Tier II Sex Offender, Tier III Sex Offender, or sexually violent predator who, before moving into this State, was required to register in another State;
 - ☐ (7) A Tier I, Tier II, Tier III Sex Offender, or a Sex Offender who is required to register in another State, Jurisdiction, a federal, military, or tribal court, or a foreign government, who is not a resident of this State, and who enters this State:
 - (i) To reside or habitually live.
 - (ii) To carry on employment or vocation that is full-time or part-time for a period exceeding 14 days or for an aggregate period exceeding 30 days during a calendar year, whether financially compensated, volunteered, or for the purpose of government or educational benefit; or
 - (iii) To attend a public or private educational institution, including a secondary school, trade or professional institution, or institution of higher education, as a full-time or part-time student.
 - (iv) As a transient with the intent to be in the State for a period exceeding 14 days or an aggregate period exceeding 30 days during the calendar year.
31. ☐ Defendant shall keep appointment for HG §8-505 evaluation and shall immediately enter the recommended program upon admission.
☐ Defendant shall enter treatment program immediately upon admission.
☐ Defendant shall successfully complete treatment program and comply with terms of aftercare plan.
32. ☐ To be supervised by means of ☐ electronic monitoring ☐ electronic monitoring with victim stay-away alert technology.
33. ☐ Other _____

C. 34. ☐ Comply with special conditions of lifetime supervision - see form CC-DC-CR-136.

D. Recommendations to the Supervising Agency:

35. ☐ Transfer supervision to _____, State of Maryland.

Date

Judge

ID Number

CONSENT

I have read, or have had read to me, the above conditions of probation. I understand these conditions and agree to follow them. I understand that if I do not follow these conditions, I could be returned to court charged with a violation of probation.

If I fail to abide by the above conditions, the court could enter judgment against me and proceed with disposition as if I had not been placed under probation. I have been notified and understand that by consenting to and receiving a stay of judgment under Criminal Procedure Article, §6-220, I waive my right to appeal from a judgment of guilty by the court in this case.

I understand that my failure to pay fines, costs, and fees may result in my case being referred to the State's Central Collection Unit, resulting in an additional collection fee as permitted by law.

I understand that Parole and Probation may impose Graduated Sanctions upon me for any technical violation of the above conditions of probation, as authorized pursuant to Correctional Services Article, §§ 6-111 and 6-121.

3/30/23

Date

Defendant's Signature

Date of Birth

Address

Telephone Number

Cell Phone Number

City, State, Zip

E-mail

Witness' Signature

Printed Name